

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | T-G      |        | 5/11     |
| O.I.P.E. CLASSIFIER       |          | 43     | 5/25/01  |
| FORMALITY REVIEW          | SL       | 1021   | 07/02/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 5/12/01 |
| 2              | ✓       |
| 3              | ✓       |
| 4              | ✓       |
| 5              | 0       |
| 6              |         |
| 7              |         |
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| 9              |         |
| 10             |         |
| 11             |         |
| 12             | 0       |
| 13             | ✓       |
| 14             | 0       |
| 15             |         |
| 16             | 0       |
| 17             | ✓       |
| 18             | ✓       |
| 19             | ✓       |
| 20             | 0       |
| 21             |         |
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| 26             |         |
| 27             | 0       |
| 28             | ✓       |
| 29             | 0       |
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| 31             | 0       |
| 32             | ✓       |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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| 150            |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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12/10/01